

<p style="text-align: center;">Kentucky Public Health Laboratory 100 Sower Blvd., North Loading Dock, P.O. Box 2020 Frankfort, Kentucky 40602-2020 Phone: 502/564-4446 Fax: 502/564-7019 William D. Hacker, M.D., Acting Director</p> <p style="text-align: center;"><i>Please complete a separate form for each specimen. Yellow copy may be retained by the submitter.</i></p>	<h2 style="margin: 0;">Special Microbiology</h2>
<b>PATIENT INFORMATION:</b>	
Name (Last, First, MI) _____	
Social Security # _____ Sex _____ Race _____ Age _____ DOB _____	
Home Address _____	
City _____ State _____ Zip Code _____ County _____	
<b>Send Report To:</b>	
Submitter _____	
Street Address (PO BOX) _____	
City _____ State _____ Zip Code _____	
<b>Specimen Information:</b>	
Purpose of Exam _____ <input type="checkbox"/> Clinical Specimen	
Specimen Source _____ <input type="checkbox"/> Referred Culture	
Date of Collection _____ Bloody Diarrhea <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Examination Requested:</b> <i>(Please mark one)</i>	
<input type="checkbox"/> Smear Exam for GC <input type="checkbox"/> Enteric Pathogens	
<input type="checkbox"/> Direct Smear <input type="checkbox"/> Smear from Culture <input type="checkbox"/> *Miscellaneous Bacterial Culture	
<input type="checkbox"/> Culture Confirmation of Neisseria gonorrhoeae (GC)	
<input type="checkbox"/> Intestinal Parasites	
<input type="checkbox"/> Pinworm Prep	
<input type="checkbox"/> Other _____	
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;">Organism Suspected:</div>	
Other pertinent Medical Data: <i>*Please complete this section when submitting Miscellaneous Bacterial Cultures</i>	
<b>FOR LABORATORY USE ONLY:</b>	
<b>Date Received:</b>	<b>Laboratory Number:</b>

<b>Test</b>	<b>Acceptable Specimen</b>	<b>Preservative/ Comments:</b>
Smear Exam for <u>Neisseria gonorrhoeae</u> (GC)	Direct urethral exudate	None
Culture confirmation of <u>Neisseria gonorrhoeae</u>	Culture on applicable culture media	CO <sub>2</sub> environment
Enteric Pathogens	1. Stool 2. Rectal Swabs  3. Culture on applicable culture media	Enteric Pathogens Kit  Please call Special Bacteriology at 502/564-4446 for instructions.
Miscellaneous Bacterial Culture	Culture on applicable culture media	Please indicate any pertinent medical data, such as: clinical diagnosis; recent surgery/transplant; animal bites; diabetes, liver disease, etc.
Intestinal Parasites	Stool	10% Formalin
Miscellaneous Parasites	Specimens, such as arthropods, insects, or adult parasites	Please call Special Bacteriology at 502/564-4446 for instructions.
Pinworm Prep	See special collection instructions included in state kit.	Adhesive collection paddle, provided in state kit.